

ATTACHMENT
C
PART 2

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-7-05 0830	<p>M.D. NOTE CONT</p> <p>2) JIM ADVISED THAT HE NEEDS AUTHORIZATION FOR ↑ OF TYL #3 THRU DR RAMIREZ</p> <p>3) JIM INFORMED THAT I DO NOT GIVE "WIDE SPREAD PASSES" - TO F/U COMMISSARY OR AW RE ORDERING OF PROPER FITTING GYM SHOES</p> <p>4) F/U NEXT CCC</p> <p style="text-align: right;">D. Williams, M.D. D. Williams, M.D. Clinical Director</p> <p style="text-align: center;">REVIEWED</p> <p style="text-align: center;">JUN 08 2005</p>
6-28-05 0930	<p>Admin Note: Requested information released to JIM per his written authorizations. See BP 621s. 27 pages released.</p> <p style="text-align: right;">J Brannon RHIT J Brannon, RHIT</p>

NHN 7540-00-534-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-6-05 1530	ADMIN. NOTE NOT ENOUGH TIME FOR TIM TO BE SEEN. PASS GIVEN TO RIC IN A.M @ 0830
	<i>D. Williams</i> D. Williams, M.D. Clinical Director
6-7-05 0830	M.D. NOTE S: TIM SEEN IN TRIAGE H/U OF REQUEST FOR ↑ IN TLC #3. RHD. RENEWAL OF "WIDE TOE SHOE AUTHORIZATION". CONT'S TO HAVE LOWER ABDOMINAL PAIN UPON URINATION. ADMITS THAT HANDS HAVE IMPROVED w/ NIFEDIPINE. O: VITALS: T=98.4 P=79 B/P=121/79 WT=172lbs ABDOMEN - MILD DISCOMFORT REPROD. ON PALP. OF LOWER ABDOMEN + SUPRA PUBIC AREA. EXTREMS - ↓ BLuish DISCOLORATION AND COLDNESS OF HANDS A: 1) C/O CHRONIC FLANK - ABDOMINAL PAIN 2) RAYNAUD'S - IMPROVED w/ NIFEDIPINE 3) CHRONIC HCV - STABLE P: 1) RENEW TYLINA + CODINE 300 mg/30 mg q 7hrs PO. @ 1930 PILL LINE X 30 DAYS FOR CHRONIC PAIN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

FCI, Gilmer

HILL, MICHAEL
40428-133
4-30-57

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

USP LVN

4/6 Williams

PREVIOUS EDITION IS USABLE

MEDICAL RECORD

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CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6-3-05

0730

INMATE REQUEST FOR TRIAGE

INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY

Today's date: 6-3-05 Your age: 49 Work Assignment: orderly Unit: C-2

SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request)

Complaint (Queja): What is your main problem (cual es su problema principal?): Pain in lower stomach/bladder area, pain when urinating. Need to update wide toe shoe authorization, and need to add/have pain med's at 11:00 am P.I. line.

History of medical problems (historial de problemas medicos):

☐ none (nada)☐ high blood pressure (presion alta)☐ heart problems (problemas de corazon)☐ asthma (asma)☐ seizures (convulsiones)☐ diabetes (diabetes)☐ allergies (alergias):History of mental health problems (historial de problemas mentales): ☐ yes ☐ no

How long have you had this problem (durante cuanto tiempo ha tenido este problema)?

☐ Days (Dias):☒ Months (Meses): 3☐ Years (Años):

List the medications you are taking (que medicinas esta tomando): Tylenol #3, and Nifedipine ONCE A DAY

Your signature: Michael Hill

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART /SERVICE

RECORDS MAINTAINED AT

VISOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

INMATE'S IDENTIFICATION: (If or typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth, Rank/Grade.)

REGISTER NO.

WARD NO.

Inmate Name: Michael Hill

Register Number: 40428-133

Institution: FCI Gilmer

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV 6-97)
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FPMR (41 CFR) 201.9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
03-05	OBJECTIVE: Temperature	Pulse	Respiration
0730	Weight	Oxygen Saturation	Blood Pressure
Continued	If diabetic, blood sugar via fingerstick: mg/dl (normal range 70 - 120 mg/dl; 1 hour post prandial < 80, 2 hour post prandial < 150 mg/dl)		
	N/A		
	ASSESSMENT		
	Multiple complaints		
	PLAN: <input type="checkbox"/> This information will be referred to the primary care physician. D. Williams 6-6-05		
	<input type="checkbox"/> After discussion with the inmate, no appointment for this complaint is necessary at this time.		
	<input type="checkbox"/> The inmate was educated to return to sick-call whenever needed		
	<input type="checkbox"/> Other		
	[REDACTED]		
	[REDACTED]		
	EMaida A-c		
	EMADA PA-e		

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/25/05 1500	Evaluation will allow: Tylenol & codeine 300 mg q PM x 2 wks (14 days) ↑ promcardis & 60mg daily in one week until then 30mg daily. R. RAMIREZ M.D. CLINICAL DIRECTOR
	<i>Ramirez</i> REVIEWED MAY 26 2005 Renee M. Dye Pharm D, RPH
6/6/05 1245	Admin Note: Records faxed 1 to Lm. Eason, Central Office and B. Ellis, at FMC Gutner as requested. 37 pages faxed. I Brannon, RHIT

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

FCI, Gilmer Hill, Michael
40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

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USP LYN



PRINTED ON RECYCLED PAPER

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/24/05 1300	<p>M.D. Eval.</p> <p>S: Pickering Nifedipine for possible Raynaud's See by rheumatology yesterday o. 175#.</p> <p>Consulted - follow up to follow - See consult from yesterday.</p> <p>A: Connective tissue disorder.</p> <p>P: Medications as ordered Add Tylenol 500g s.i.d. per pain</p> <p>E: Advised of prospects related to connective tissue disease. Advised of the followups.</p> <p><i>[Signature]</i> R. Ann 10/2/05</p>
	<p>REVIEWED</p> <p>MAY 24 2005</p> <p>Renee M. Dye Pharm D, BPH</p>
5/25/05 1050	<p>Admin Note: Spoke with Bents HSA about scheduling conflict with inmate's Gastroenterology appointment. This inmate trip had to be rescheduled due to emergent surgery for another inmate. Appointment scheduled before follow up with Dr. Sharma who requested gastro appointment.</p> <p><i>[Signature]</i> Brannon RHIT</p> <p>Brannon, RHIT</p>

NBN 7540-00-634-4176

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CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/23/05 @ 11:00am 1610	S: I/U returned from med trip O: A & O. No hand pain A: See Consultation Sheet - Mixed Connective Tissue D/O vs SLE Procordiac XL 30mg - po qd #30 NR (2) Tylenol #3 - po qd prn @ pill line #30 (3) F/u - Dr. Ramirez 5/24/05 @ 10:30am D. Williams, M.D. Clinical Director 5-23-05

5/24/05 Consultant review
D/C Clonidine
Procordiac XL 30mg daily x 180 days
Tylenol & codeine not indicated - No
functional limitations
Clonidine taper - 0.1mg daily for
7 days, then D/C

REVIEWED

R. RAMIREZ, M.D.
CLINICAL DIRECTOR

MAY 24 2005

HOSPITAL OR MEDICAL FACILITY Renee M. Dye Pharm. D, RPH	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

FCI, Gilmer

Nill, Michael
#40428-133CHRONOLOGICAL RECORD OF MEDICAL CARE
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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

5-2-65

M.D. NOTE

0830

S: I/M SEEN IN R/U OF MULTIPLE COMPLAINTS FROM TRIAGE. CONT'S TO HAVE ↑ COLDNESS OF FINGERS AND KNEES. CONT'S TO HAVE PAIN & NERVE SENSATIONS. STATES HE RETURNED THE TILNOL & SALICATE BECAUSE THEY DID NOT HELP THE DISCOMFORT. STOPPED THE LISINPIL X 3 DAYS 2° TO ↑ ITCHING. ITCHING WENT AWAY & HE STOPPED THE MFD. WANTS THE CLONIDINE BACK BECAUSE IT APPEARED TO HELP HIS SX'S AND TO KEEP HIM CALM. RBD. TO TAKE FLAVIL BID, TWICE A WK. I/M ALSO C/O ↑ CONGESTED COUGH @ H.S.

D: VITALS: T=97.3 B/P=131/83 P=70

GEN-NAID

EXTRIMS - ↑ COLDNESS OF HANDS PALE.

LABS FROM 4-26-05: WBC ↓ 3.1 ABS. NEUTS ↓ 1.5

AST/ALT = 32/35, ANA, CRP & ESR STILL

PENDING ↑ CREL & 24-HR URINE FOR PROTEIN

A: 1) ↑ B/P

2) C/O ↑ PRURITUS 2° CLONIDINE

3) SX'S OF RAYNAUD'S

4) CHRONIC PROTEINURIA 2° MGN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPT./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

FCI, Gilmer HILL, MICHAEL
#40428-133
4-30-57

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

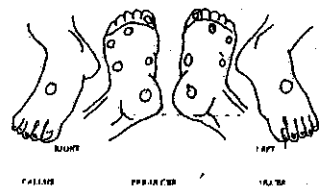
USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5-2-05 0830	<p>M.D. NOTE CONT</p> <p>5) HCV - STABLE</p> <p>6) HYPERLIPIDEMIA 7) C/D ↑ caught</p> <p>P: 1) D/C LISINAPRIL</p> <p>2) CLONIDINE 0.1mg 7 TAB P.D. BID FOR RAYNAUDS AND B/P X 90 DAYS</p> <p>3) ELAVIL 10mg TI TABS P.D. BID @ (P 1130 + 1930) PILL LINKS ON TUES & THURS X 90 DAYS</p> <p>4) F/U NEXT CCC</p> <p>5) ✓ ON F/U APPS <i>D. Williams, M.D.</i> @ WVU D. Williams, M.D. Clinical Director</p> <p>6) TESSALON PEARLS 100mg TI CAPS P.D. TID X 5 D. PRN caught X 5 DAYS</p>
	<p>REVIEWED</p> <p>MAY 13 2005</p> <p>Renee M. Dye Pharm. D, RPH</p> <p><i>D. Williams, M.D.</i> D. Williams, M.D. Clinical Director</p>
5-19-05 1130	<p>Admin. NOTE</p> <p>RECEIVED CALL YESTERDAY FROM WVU NEPHROLOGIST, DR. SHARMA. DR. SHARMA STATED THAT ILM HAD VERY MINOR HEMATURIA AND VERY STABLE RENAL FUNCTION. FROM RENAL STANDPOINT, THERE WAS NOTHING FURTHER TO BE DONE. HE WAS INSISTING THAT APPS & RHEUMATOLOGY & GASTROENTEROLOGY BE KEPT FOR EVALUATION OF ↑ ANA AND NECESSITY FOR INTERFERON/ RIBAVIRIN TX FOR HEP C.</p>

3N 7540-634-4176

Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
4-7-05 0930	CLINICS: () Cardiac () Hypertension () Diabetes () Infectious Disease () Endocrine () Lipid () Pulmonary () Mental Health () Neurology () Ortho/Rheum () General () Other
	SUBJECTIVE: (CHIEF COMPLAINT): MULTIPLE COMPLAINTS. NUMBNESS & COLDNESS OF HANDS, KNEES & FEET; STABBING PAIN TO LT. FLANK AREA; INABILITY TO FX 2° TO ELAVIL; ↓ HR 2° NIFEDIPINE. BELIEVES CLOVDINE HELPS Med. Compliance: SOMEWHAT. REG. GABAPENTIN FOR PAIN - SUGGESTED
	OBJECTIVE: (Review System) Age: Sex: Male Race: B) AFRICAN I/M B/P: 126/80 P: 65 WT: 167 1/2 T: R/R: SO2%: PEAK FLOW: HEENT: Last optometry eval.: Heart: WNL Lungs: CLEAR TO AUSC Abdomen: BACK - NO DISCOMFORT REPROD. ON P+P OF FLANK AREA Genital/Rectal: Extremities: ↓ TEMP OF HANDS & FEET NOTED C MILD CYANOSIS Neurological: Recent Lab Results: 3-30-05: ALT/AST = 37/35 IgG ↑ 2362 IgA ↑ 405 IgM = 40 CHOL/LDL = 190/115 HDL = 59
	ASSESSMENT (S): 1) HCV - STABLE 2) HX FOR MHA. GLOMERULONEPHRITIS 3) HYPERLIPIDEMIA 4) RAYNAUD'S 5) C/D CHRONIC RT. FLANK PAIN 6) C/D INTOLERANCE TO NIFEDIPINE & ELAVIL
	<div style="text-align: right;">  </div>
ORDS NTAINED AT I GILMER	PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) HILL Michael SEX: MALE
NTIFICATION MBER	DATE OF BIRTH: 40428-133 4-30-57

SENSITIVE

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SF-600
NSN 7540-634-4176
Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
4-7-05 0930	DSM IV CLASSIFICATION <i>N.A.</i>
	Axis I: Axis IV:
	Axis II: Axis V: GAF SCORE:
	Axis III:
	Preventive Care: Diet: Exercise:
	Tobacco Use: Medication Side Effects:
	PAIN LEVEL: 1 2 3 4 5 6 <u>7</u> 8 9 10
	PLAN: 1) <i>TRIAL OF TEGRETOL</i>
	2) <i>ADD BACK CLONIDINE</i>
	3) <i>F/U APPT @ WVU RENAL CLINIC PENDING</i>
	PATIENT EDUCATION:
	<input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed treatment plan
	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention
	<input type="checkbox"/> Diet, Diabetic/Cardiac Lifestyle Changes <input type="checkbox"/> No Smoking
	<input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance/Side Effects
	<input checked="" type="checkbox"/> Patient understood topics <input checked="" type="checkbox"/> Patient Verbalized Understanding
	<input checked="" type="checkbox"/> Instructed if problems or if running out of medication, should sign up for sick-call
	DIAGNOSTIC STUDIES: <input type="checkbox"/> CBC/DIF <input type="checkbox"/> U/A <input type="checkbox"/> LFT <input type="checkbox"/> CHEM PROFILE <input type="checkbox"/> LIPIDS <input type="checkbox"/> HgA1C
	<input type="checkbox"/> PSA <input type="checkbox"/> VIRAL LOAD <input type="checkbox"/> CD4 <input type="checkbox"/> TOXO LGG <input type="checkbox"/> HEPATITIS PANEL
	<input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> OTHER:
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON: <i>3 Mo S</i>
	TREATMENT (S): 1) <i>CONT. LISINAPRIL 2.5mg 7 TABS P.O. DLY FOR KIDNEY PROTECTION X 90 DAYS</i>
	2) <i>D/C NIFEDIPINE ER 30mg P.O. DLY</i>
	3) <i>RESUME CLONIDINE 0.1mg 7 TABS P.O. BID FOR RAYNAUD'S</i>
	<i>#30 X 4 wks</i> 4) <i>D/C ELAVIL 10mg P.O. @ 1930 ALL LNS</i>
	5) <i>TEGRETOL 50mg P.O. BID @ 1130 + 1930 PILL LINES</i>
	<i>X 90 DAYS</i>

D. Williams, M.D.
Doris M. Williams, M.D.
Clinical Director

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3-28-04 0830	<p>WT 169 T97.0 P59 BP 108/41 SASTS97 KR</p> <p>SI: I/M c/o many problems. He just got back from a nephrology Sht at Rocky Mountain Hospital last week. He wants something for chronic back pain. Dr. Ramsey has wanted him off of Tylenol #3 which is reasonable since the I/M has a history of Chronic Hepatitis. He is refusing Nefedipine but agrees to take the Etomid that was prescribed for him. He also is refusing to take the Nifedipine that was provided for his Raynaud's. He continues to have numbness & tingling in his fingers. The Nephrologist from Rocky Mountain Hospital has recommended a Sht Chemistry panel in 10 days. Dr. Ramsey has already ordered these labs to be done in the first week of every month.</p>
O:	No apparent distress Today.
A:	<p>1) Numbness of lower extremities</p> <p>2) Focal Abdominal Scleroma of Kidneys</p> <p>3) Raynaud's</p> <p>4) Chronic Hepatitis - C</p>
P:	<p>I/M returned his Nifedipine. I tried to encourage him to take it but he refused. I tried to encourage him to take his Etomid 10mg qhs as recommended but he refused to take this as well. I informed him I will not reorder Tylenol #3 & suggested he may use Ibuprofen or Naproxen as per Dr. Ramsey. He declined. I will make sure he is scheduled for monthly labs & monthly MD examinations as suggested by Dr. Ramsey.</p>

J. W. Lowry, DO
J. W. Lowry, DO
STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE T M TOWLA DO

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
03/23/05 1740	S: med trip return O: B/p 120/78, pulse 50 RR = 18 w/min non labored SPO ₂ 98% on room air Temp 97.8. A: med trip return evaluation P: schedule for follow up as needed E: Verbal, & understanding No complaints noted M.K. M.D. M.K.
3/24/05 0730	Admin note: Consultant recommendation: Lisinopril 2.5mg q day x 180 days To be followed in cc. C. MP - Pak - R. M. Dye Pharm D. RP
4/5/05	MOOS: 10 pain in hands from "Ramparts" O. instruct on Elavil for pain et that adjustment period to med lvs not complete opt should do long term A + P inadequate pain relief Elavil 10mg QM for pain relief
HOSPITAL OR MEDICAL FACILITY	STATUS Renee M. Dye Pharm D. RP
SPONSOR'S NAME	DEPART./SERVICE RELATIONSHIP TO SPONSOR ***DISPOSITIVE***
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; Date of Birth; Rank/Grade.)	REGISTER NO. WARD NO.

FCI, Gilmer

Hill, Michael

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/4/05

ADMINISTRATIVE
NOTECounseling -
156/94

Hands feel cold; blue

A: Remands

focal glomerulonephritis

HCV

P: Cmo/CBC/UA - 1st week each monthMD visit 2nd week of month

After present tylenol/codone order ends, no more

Niphepaine XL 30mg qd x 90 days

D/C Clonidine 0.1mg bid

Clonidine 0.1mg qd x 14 days

then stop

Will not take Elavil 10mg qpm - will notify HSA

R. Brumer

3/7/05
Renee M. Dye
Pharm D. RPH

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

SENSITIVE

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

FCI, Gilmer

Hill, Michael

40428-133

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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
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NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
03-01-05 1330	WT 168 T 99.4 P 76 BP 118/73 SATS 98 RR 16 S: I/M C/O ↑ MENTAL CONFUSION 2° TO ELAVIL. P.R. MEDICALLY UNASSIGNMENT 2° TO CHRONIC PAIN, URINARY FREQUENCY AND INABILITY TO SLEEP. STATES TYLENOL ES DOES NOT HELP BECAUSE HE HAS TO TAKE 4-5 TABS AT A TIME WHICH IS NOT GOOD FOR HIS LIVER. THE SALSALATE DOES NOT HELP EITHER. C/O ↑ TIGHTENING PAIN AROUND CHEST AND WRISTS @ H.S. O: GEN - NAD P.R. UNCHANGED A: 1) C/O ↑ CONFUSION E THE ELAVIL 2) C/O CHRONIC PAIN OF THORAX UNRELIEVED E THE SALSALATE & TYLENOL ES 3) PERSISTENT C/O URINARY FREQUENCY P: 1) D/C ELAVIL 2) TYLENOL E COBICIN 300 mg / 30 mg 7 TABS P.O. @ 1930° PILL LIKE PAIN X 7 DAYS Renee M. Dye Pharm D RPH	D. Williams MD Doris M. Williams MD Clinical Director
HOSPITAL OR MEDICAL FACILITY		DEPART./SERVICE
SPONSOR'S NAME		RELATIONS TO PATIENT
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN/SSN; Date of Birth; Rank/Grade.)		WARD NO.

FCI, Gilmer

HILL Michael W
484 DE-132CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

USP LVN

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

referral.

Cr-139; 24° microwalve - 1119. High

To be discussed in patient care conference

R. RAMIREZ, MD

~~Admin Note~~2/24/05 1530 - inmate interviewed by HSA at CHBA
to resolve BP's et cop out requests.

HSA/CHBA / ID

2/24/05
1530Admin Noteper conversation to pharm - this
was the best pain tx for him -
Salalate 500mg $\dot{\text{po}}$ BID x 5 daysat a time then alternate
to the Oprenal 500mg $\dot{\text{po}}$ BID
for 10 days

each to have #30 to 10 RF.

Elavil 50mg $\dot{\text{po}}$ qhs. as pill line

x30 to 2 RF - this is

for pain relief & may be
if needed -2/24/05
Renee M. Dye
Pharm D. RPHJH/BA/BA
J/Bruts/BA/BA

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/15/05 1320.	Wt 164 T: 98.6 BP 124/79 HR 70 RR 14 S: Finds him self tired; Renal biopsy done - wt unchanged. Did not get medication back. Bowel - nocturia x 3; Taking clonidine. Consult noted dated 11/10/04. Biopsy report not back from WVU yet Labs: 11/12/05 $3.10 > 13.7 < 221$ 40.7 Liver biopsy - very minimal involvement. ALT - 28 AIHCV @ No significant disease Suspicion for glomerulonephritis - P: D/C. Ibuprofen - Await final report from renal biopsy - Addendum ANA - negative - No indication of Lupus. Renal biopsy - membranous nephropathy. Focal global sclerosis E: Pt advised Inf / Ribo virus is not clinically indicated at this time. with focal sclerosis (renal) → MRC

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME Hill, Michael	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO. 40928-133	WARD NO.
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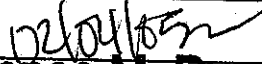

4-30-57

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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/CMR
 FIRM (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/4/05 830	B/P 120/80 P96 R 16 T97° Wt 164 Lb 98
	M.D. NOTE
	S: 1° C/O ↑ NUMBNESS IN HANDS & KNEES, 1° WHEN IT'S COLD. ALSO C/O COLDNESS & DISCOLORATION OF KNEES
	D: EXTRINSIC - BILAT DISCOLORATION OF FINGERS AND NAILBEDS & COLDNESS TO TOUCH. MILD HYPERPIGMENTATION OF SKIN OF KNEES BILAT.
	A: 1) C/O ↑ SX'S OF RAYNAUD'S
	P: 2) S/P RENAL BX FOR CHRONIC HEMATURIA
	P: 1) CLONIDINE 0.1 mg T TAB P.O. BID FOR RAYNAUD'S. (#30 X 3 refills)
	2) REV NEXT CCC
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Renee M. Dye Pharm D. RPH </div> <div style="text-align: center;">  Doris M. Williams, M.D. Clinical Director </div> </div>

NSN 7540-00-434-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
02-01-09 1030	WT 165 + 99.3 P 71 BP 124/71 SATS 98 RR 12 S. Inmate had has kidney bx for proteinuria & trace hematuria. Results still pending. Has (+) Hep C. with viral load > 200,000. Has elevated Amionua, & SGOT. Pt. feels weak most of the time. He stated he has Raynaud's Dis. but his erythrocyte sedimentation rate is normal. Has also hyperlipidemia on no Rx for it. V D. Lungs clear Heart R & R. Abcd. No hepatosplenomegaly. No Tenderness. A - 1. Hepatitis C progressive ② RO Glomerulonephritis & proteinuria ③ Possible Raynaud's Dis ④ Liver Fibrosis by bx. done in the past (Pt. stated) P. ① Urine electrophoresis RO heavy chain Dis. ② Serum " RO Multiple myeloma ③ Pt. to be R for his Hep C. since his liver is progressing. Back in 4 wks. Yahya Fadi, MD <i>[Signature]</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	WARD NO.
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. LIMITED OFFICIAL USE

FCI, Gilmer

 HILL Michael
 40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

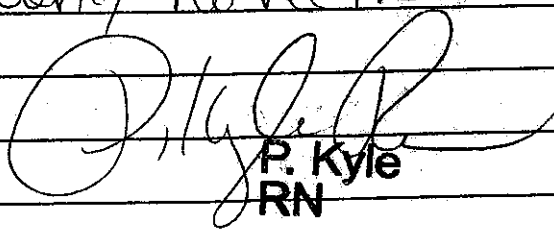
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 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-21-05	M.D. NOTE CONT
1000	GEN-NAD
	CHEST - LUNGS CLEAR TO AUSC. HEART SOUNDS WNL.
	C/D ↑ DISCOMFORT ON DEEP INSPIRATION.
	BACK - BAND-AID IN PLACE. MILD SWELLING TO
	LT. LOWER BACK. DISCOMFORT REPRODUCED
	ON P.C.P
	A: 1) CHRONIC HCV
	2) CHRONIC HEMATURIA
	3) S/P RENAL Bx
	- ILM C/D ↑ PAIN
	P: 1) CONT. NYCTOL #3 til TABS DO. 10630, 1130
	1930° X 3 DAYS (#18)
	2) F/U IN 2 WKS
	<div style="display: flex; justify-content: space-between;"> <div data-bbox="482 1008 795 1182"> <p><i>Renee M. Dye</i> Renee M. Dye Pharm D. RPH</p> </div> <div data-bbox="997 982 1455 1169"> <p><i>D. Williams</i> D. Williams, M.D. Clinical Director</p> </div> </div>

NSN 7840-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1/20/05	S: I/M return, S/P renal biopsy.		
(w/1900)	O: S/P Renal biopsy		
	A: A & O X 3		
	Gait Steady		
	Rates pain 10:10		
	A active bleeding		
	Cooperative & Pleasant		
for V/A M.D.D.	P: (1) Acetaminophen & codeine $\frac{1}{4}$ tabs po q/4h		
	(2) Acetaminophen 500mg $\frac{1}{4}$ tabs po q 4-6"		
	(3) Return to S/C in A.M. if worsening		
	(4) Pam		
	Complacent no work/no rec thru		
	1/23/05		
	E. Mgt of Pam & Tylenol.		
	<div style="text-align: right;">  P. Kyle RN </div>		
	<div style="text-align: center;"> 1/21/05 Renee M. Dye Pharm D. RPH </div>		
1-21-05	M.D. NOTE		
1000°	S: I/M SEEN TODAY FOR H/U OF RENAL BX. 1° C/O		
	↑ PAIN ACROSS BACK.		
	O: VITALS: T=97.5 P=67 R=18 B/P=124/75 WT=160		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		LIMITED OFFICIAL USE	

FCI, Gilmer


Hill, Michael
+ 11/11/00-133

CHRONOLOGICAL RECORD OF MEDICAL CARE


Medical Record

STANDARD FORM 600 (REV. 6-97)
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USP LVN

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1-12-05	ADMIN. NOTE		
0800	REVIEWED LABS FROM 1-11-05: WBC 4.3, ABS NEUTS 41.3, AND AMMONIA LEVEL NOT DONE BECAUSE IT WAS NOT RECEIVED FROM P: REPEAT AMMONIA LVL		
 D. Williams, M.D. Clinical Director			
/			
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	

SENSITIVE

LIMITED OFFICIAL USE

WARD NO.

FCI, Gilmer

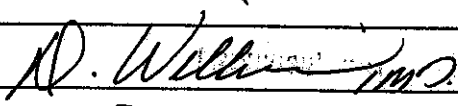

HILL, MICHAEL

40428-133

4-30-57

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
01-11-05	INFECTIOUS DISEASE	ENDOCRINE/LIPID	GENERAL
0830	WT 165 + 97.4 P 63 BP 114/65 SATS RR 14		
	S: I/M SEEN TODAY & C/O FEELING TIRED. ALSO C/O C/O ↑ DISCOLORATION AROUND EYES. EATING PRETTY GOOD.		
	O: GEN - I/M IN NAD. APPEARS VERY SOMBER. HEENT - BLuish DISCOLATION NOTED AROUND ORBITS. PALPEBRAL CONJUNCTIVAE WNL. NECK/NODES - NO LYMPHADENOPATHY OR DISCOMFORT ON PALPATION.		
	CHEST - LUNGS CLEAR TO AUSC. ^{TI 112412} HEART SOUNDS WNL. RHYTHM REG		
	A: NONSPECIFIC C/O ↑ TIREDNESS & FATIGUE		
	P: 1) LABS NOW: CBC, CHEM & AMMONIA LEVELS 2) RUN I.V. OF D5 1/4 NS 3) FU 1-12-05 IF NO IMPROVEMENT AND IF LABS ABNL		
	 D. Williams, M.D. Clinical Director		
1600	LATE ENTRY		
	I.V. ACCESS UNSUCCESSFUL. I/M ADVISED TO ↑ FLUIDS		
	P: FU P LAB RESULTS RETURN		
	 D. Williams, M.D. Clinical Director		

NSN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/6/05 1000	Admin Note: FOIA request # 200 01929 answered and taken to Ms. Horne, Executive Assistant to Jawsara to S. Wahl, Beckley's Consolidated Legal Center. I Brannon, RHIT		
1/10/05 11430	Admin Note: PC. Counselled Re: D/C any Tylenol or NSAID, as he has an upcoming Renal Biopsy - I gave him a Rx to RVC 1630 PM to return his Molm 800mg. R. Swanson, PA-C LT. USPHS		
<p>**SENSITIVE**</p> <p>LIMITED OFFICIAL USE</p>			
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

FCI, Gilmer

Hill, Michael

11-20-57

11-20-57

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
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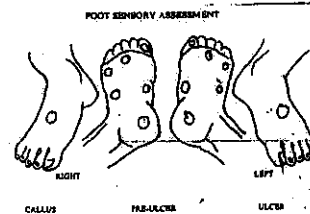
USP LVN

ISN 7540-634-4176

Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
01/04/05 11W	CLINICS: () Cardiac () Hypertension () Diabetes <input checked="" type="checkbox"/> Infectious Disease <input checked="" type="checkbox"/> Endocrine () Lipid () Pulmonary () Mental Health () Neurology () Ortho/Rheum <input checked="" type="checkbox"/> General () Other
	SUBJECTIVE: (CHIEF COMPLAINT): CONCERNED ABOUT ↑ CHOL. STOPPED THE LOVA- STATION. STILL HAS BLOOD IN URINE. STOPPED THE CARDURA 2° TO ↑ HEART PALPITATIONS. NO ↑ MENTAL CONFUSION TOWARD END OF DAY.
	Med. Compliance: TAKING HCTZ ONLY
	OBJECTIVE: (Review System) Age: 47 Sex: Male Race: N
	B/P: 128/80 P: 59 WT: 115lb T: 99.5 R/R: 10 SO2%: 99 PEAK FLOW:
	HEENT: WNL Last optometry eval.:
	Heart: NL S1 & S2 S @ OR @ RHYTHM REG.
	Lungs: CLEAR TO AUSC.
	Abdomen: WNL
	Genital/Rectal: —
	Extremities: —
	Neurological: —
	Recent Lab Results: 12-27-04 AMMONIA ↑ 184 AST/ALT = 43/52 12-1-04 CHOL/LDL/HDL = 165/99.2/52.0
	ASSESSMENT (S): 1) CHRONIC HCV E NL LFT'S & ↑ AMMONIA LEVEL 2) HYPERLIPIDEMIA IMPAIRED 3) CHRONIC HEMATURIA AND URINARY FREQUENCY - UNCHANGED. R/O GLOMERULAR NEPHRITIS
RECORDS MAINTAINED AT FCI GILMER	PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) Hill, Michael
IDENTIFICATION NUMBER	DATE OF BIRTH: 40428-133



SEX: MALE

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SF-600

600-108

NSN 7540-634-4176

Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
1-4-05 1100 ⁰	DSM IV CLASSIFICATION N.A.
	Axis I: Axis IV:
	Axis II: Axis V: GAF SCORE:
	Axis III:
	Preventive Care: Diet: Exercise:
	Tobacco Use: Medication Side Effects:
	PAIN LEVEL: 1 2 3 4 5 6 7 8 9 10
	PLAN: 1) STILL AWAITING SCHEDULING OF KIDNEY BX 2) POSSIBLE INTERFEROON/RIBAVIRIN TX PENDING KIDNEY BX RESULTS
	PATIENT EDUCATION:
	<input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed treatment plan
	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention
	<input type="checkbox"/> Diet, Diabetic/Cardiac Lifestyle Changes <input type="checkbox"/> No Smoking
	<input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance/Side Effects
	<input checked="" type="checkbox"/> Patient understood topics <input checked="" type="checkbox"/> Patient Verbalized Understanding
	<input type="checkbox"/> Instructed if problems or if running out of medication, should sign up for sick-call
	DIAGNOSTIC STUDIES: <input type="checkbox"/> CBC/DIF <input type="checkbox"/> U/A <input type="checkbox"/> LFT <input type="checkbox"/> CHEM PROFILE <input type="checkbox"/> LIPIDS <input type="checkbox"/> HgA1C
	<input type="checkbox"/> PSA <input type="checkbox"/> VIRAL LOAD <input type="checkbox"/> CD4 <input type="checkbox"/> TOXO LGG <input type="checkbox"/> HEPATITIS PANEL
	<input type="checkbox"/> CXR <input type="checkbox"/> EKG <input checked="" type="checkbox"/> OTHER: REPEAT AMMONIA LEVEL - ALREADY ORDERED
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON: 1-3-05
	TREATMENT(S): 1) D/C DOXAZOSIN 2) D/C LUVASATIN 3) CONT. HCTZ 25mg 2 TABS P.O. DAILY (#30X2rets)
	<i>D. Williams MD</i>
	Renee M. Dye Pharm D. RPH
	D. Williams, M.D. Clinical Director

01/05/05

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

01-03-05 WT 163 T 98.1 P 65 BP 20/15 SAT 99 RR 16
 1030 S: A. Mac Jo F/U of 9 am in
 level. He's doing better today.
 Still having pain in his back.
 No fever/chills. No N/V/D
 D: VRS - A + O x 3 NAD
 Hx: none
 Lungs: CTAB
 Heart: RAR's none.
 A: Chemo HCV
 Heratnia
 ↑ Ammonia levels
 P: Repeat Ammonia level.
 Cont. Diet & exercise.
 E: RSC Pen. watch call out

Marc Dib
 MS, PA-C

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

FCI, Gilmer

HILL Michael
 40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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 FIRM (41 CFR) 201-9.202-1

USP LVN

NSN 7540-00-534-4175

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12/30/04	<p>2) Bronchitis</p> <p>3) Dehydration</p> <p>4) ↑ Anemia Level</p> <p>5) Chronic Hematuria</p> <p>P: Q2L NSS IV - this improved the patient's condition</p> <p>② Anxol 500mg ^{mc} po BID for 10 days</p> <p>③ Albuterol MDI 2 puffs QID #1 NR</p> <p>④ f/v Disposition of Renal Biopsy / Monday, 12/27/04</p> <p>⑤ Consider Lactulose. Repeat labs on Monday.</p> <p>⑥ Consult to Dr. Williams and discuss options for treatment.</p> <p>RE: Pt. Advised & voiced understanding of procedures & treatment. BtC Pn.</p> <p style="text-align: right;">Marc Dib MS, PA-C</p>		
12/30/04 11:00	<p>Admin note: IV access obtained using Aseptic technique #22g DFA, flushed & secured w/ tape. 2L RBC Bolus of NS infused & dyspnea. Pt. fee better after bolus. IV site discontinued & bandage dressing applied. Pt. sent back to unit.</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
HILL, MICHAEL			
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
FCI, Gilmer			
Michael			
4-3-1957			
40428-133			

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

USP LVN

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

12/20/04
1435

Adm. Inst. de Anál.

3 per or directed

D. Wilbur, m.p.

D. Williams, M.D.

Clinical Director

12-30-04

Renee M. Dye
Pharm D. RPH

Marc Tibb
MS, PA-C

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/29/04 1430	Admin Note: Spoke to Judy WVU Nephrology Department regarding scheduling renal biopsy. Dr. Sharma is out this week - she will speak to him Monday regarding scheduling and return my call. T. Brannon, RHT
12-30-04 0930	WT 160.8 T 98.7 P 71 BP 99/61 SAT 99 RR 12 S: I/M complaint of back pain bilateral "Kidney Areas" for 2 weeks. Had blood and protein in urine on 12/17/04 and previously on 11/10/2004 was recommended for the Kidney Biopsy for suspected glomerular nephritis. Pt. is requesting this referral be expedited. He also has Chronic HCV and complaint of having a fibrotic liver. I/M stopped taking lovastatin because of fatigue due to taking the medication according to the patient. Started lovastatin in November - Oct. LFT showed AST 43 + ALT 61 and Dec 30 LFT AST 43 and ALT 52. He's on Cordura, lovastatin. O: VS T 98.7 P 71 BP 99/61 Sat 99 RR 12 HEENT: Unremarkable except for sinus congestion lungs: CTAB Heart: RRR 5 mm. ABO: WNL Ext: WNL A: ① Chronic HCV

NSN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12/17/04	<p>S: IIM to medical & cl. bilateral back pain and increased urination. IIM points to below scapula on back and states "constant pressure" on back. Denies CPN S.O.B. Status nocturia</p> <p>O: B/p 12/1/ pulse 70 SPO2 100% in room air, Temp 96.9 (PO)</p> <p>A: probably early UTI</p> <p>P: Ceptice DS one pill BID x 7 days Pyridium 200 mg PO TID x 3 days Motrin 800mg PO TID x 30 days & food</p> <p>E: ↑ fluids Return for problem</p> <p style="text-align: right;">m. Kimball m</p> <p style="text-align: center;">12/17/04 Renee M. Dye Pharm D. RPH</p>		
12/28/04	<p>Admin Note: Requested information released to IIM per his written authorization. See BP 621. 11 pages released.</p> <p style="text-align: right;">I Brannon, RHIT</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

** SENSITIVE **

LIMITED OFFICIAL USE

FCI, Gilmer

Hul, Michael

40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

DATE/TIME Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)

1/10/04 Admin Note: Pt. returned from Testing
1730 @ WVU Nephrology - Says he feels
well. Consult Enclosed for F/U
Needs @ WVU Nephrology.
[Signature] Swanson PR

1/15/04 Admin Note: Called WVU Nephrology Dept
1200 to schedule inmate for renal biopsy. They
are to call back with appointment.
[Signature] Brannon, RHIT

INFECTIOUS DISEASE	GENERAL	ENDOCRINE / LIPID
1-28-04 WT 163 - S-T 97.6 P87 BP 138/82 SAS 99 RR 14		
0830 S: Feeling good; still slow with urination - nocturia. Gutty hot flashes & Niacin. Exercising, trying to follow diet. No B/T capsules.		
O: Liver biopsy - mild periportal fibrosis LDL 181.6 T.Chol 260 Chest - clear Cerv nnns Abd - soft & organomegaly. Renal biopsy - pending.		
A: Proteinuria ⊕ HCV BPH T.Chol.	⊕ ANA - FANA panel negative prob related to HCV	

s Identification

Hill, Michael
40428-133
4/30/1957

Records Maintained At:	FCI GILMER **SENSITIVE**		
Patient's Name (Last, First, Middle Initial)		Sex	MALE
Relationship to Sponsor		Status	Rank/Grade
Sponsor's Name		Organization	
Dept./Service	SSN Identification No.	Date Of Birth	

SF-600
NSN 7540-634-4170
Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
	<p>P: DOXAZOCIN 2mg TID x 90d. D/C Niacin Hold ASA. Lovastatin 10mg qd x 90d. Await renal biopsy 2: Advised treatment is not indicated at the present time in min fibrosis for HCV Advised the need for lipid lowering; he prefer ^{error - 11/22/04} he prefer ^(S) Monitor hepatic function Await renal biopsy. P: HCTZ 25mg qd x 90d. 11/24/04 M Renee M. Dye Pharm D. RPH</p>
11/24/04 1330	<p>5: States is having "CP" on inside, to the (B) of mid sternum and in ribs. Aug HR. O: color good, skin w/d, no respiratory distress noted. SpO₂ 97%, PR neg at this time. 2: Attention in comfort d/t anxiety re transient irregular PR. P: FU re Health Services as needed. E: regarding 5/5 heart attack, possible causes of CP including anxiety, lack of O₂ to cardiac muscles, narrowing of lumen in vessels. As I/P has hypercholesterolemia to exercise, take meds and FU as ordered. B. Greenwood</p>
11/29/04 1100	<p>Admin Note: Apoke re WNU biopsy Will call back when arranged by Dr. Sharma. B. Greenwood Rid. Scheduling B. Greenwood</p>

E/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)

-804	ADMW Note; EKG given report shown
300	To Dr Lawry - A Nichols (K) A NICHOLS (K)

Following 20,
11-8-7
1626

s Identification

Records
Maintained At:

FCI GILMER

Patient's Name (Last, First, Middle Initial)

GILMER
****SENSITIVE****

Sex
MALE

Relationship to Sponsor

~~LIMITED OFFICIAL~~
Status

Rank: Grade

Sponsor's Name

Organization

Dept: Service

SSN-Identification No.

Date Of Birth

Chronological Record or Medical Care

Standard Form 600

HILL Michael
40428-133

SF-600
NSN 7540-634-4176

600-108

Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
10/17/04 1715 con't.	prior to seeing Nephrologist irrelevant of past consults to cardiologist. 24h study to be completed as previously planned. <i>J. B. B.</i>
10/21/04 0630	Admin Note: Records released to inmate per this written authorization. See BPR 21. 14 pages released. <i>MARY BETH LIGHTY, PA-C</i> <i>I Brannon, RHIT</i>
10/22/04 0800	Admin Note: Received call from WVU Nephrology Dept to schedule inmate for consult. <i>I Brannon, RHIT</i>
10/27/04 1300	UTILIZATION REVIEW pt. will see the nephrologist - prior to seeing the Rheumatologist which is being suggestion of the Reg. Attending. <i>Janet Bunts</i> <i>Health Services Administrator</i>
10-28-04 0830	ADMIN. NOTE CONCERNED RAISED ABOUT POSSIBILITY OF SLE P: 1) ANTI-ds DNA 2) REPEAT PT/INR <i>D. Williams, MD</i>

J 7540-634-4176

1th Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
9-24-04 1330	M.D. No 70 CONT P: 4) F/U p LAB RESULTS RETURN D. Williams M.D. Doris M. Williams, M.D. Clinical Director
10/1/04	U.R. HOSPITAL 1000, 1000
10 ⁰⁰	Appared. for nephrologist J. Barts
10-8-04 1130a	late entry: JIM was called over for a 24 ^{hr} urine protein, JIM was explained the reason he was here, and he stated, "I don't need that because Mr. Bickly said to cancel this because I'd already been a urologist." D. Williams M.D. D. Williams, M.D. Clinical Director 10-8-04 Dora Beall / lab
10/13/04 1715	Admin Note: Chart review Informant was informed approximately one month ago that the 24h urine testing would be needed

Patient's Identification

Hill, Michael

40428-133

Records Maintained At:	FCI GILMER		
Patient's Name (Last, First, Middle Initial)	*SENSITIVE*		Sex: MALE
Relationship to Sponsor	LIMITED OFFICIAL		Rank/Grade
Sponsor's Name	Organization		
Dept/Service	SSN/Identification No	Date Of Birth	

Chronological Record of Medical Care

Standard Form 600

SF-600

600-108

NSN 7540-634-4176

Health Record

Chronological Record of Medical Care

DATE/TIME

Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)

9-24-04

M.D. NOTE

1330

S: THIS I/M IS SEEN IN F/U OF SICK CALL COMPLAINTS. CONT'S TO HAVE FREQUENT URINATION AND ^{AND} INTERMITTENT RT. SIDED PAIN; INMATE INSISTING THAT SX'S PROBABLY 20 TO "MIXED CRYOGLOBULINEMIA". CONT'S TO HAVE PROBLEM E FINGERS & TOES MAINTAINING TEMPERATURE RELUCTANT TO ↑ DOSE OF CARDURA 20 TO ↑ PRESSURE IN HEAD. I/M STOPPED VIACIN ~ 1 MO AGO. RED. A STATIN.

O: VITALS: T=100 P=60 B/P=104/66 WT=166 lbs

GEN-WAD

CHEST - LUNGS CLEAR TO AUSC. HEART SOUNDS WNL, ABDOMEN - WNL

DISCUSSION OF LAB RESULTS FROM 7/04

A: 1) CHRONIC HCV - STABLE.

- ALT = 45

2) S/P CYSTOSCOPY SHOWING MILD BPH, PROSTATITIS & TRICOMITIS

3) PERSISTENT HEMATURIA/PROTEINURIA

4) PERSISTENT URINARY FREQUENCY

5) RAYNAUD'S OF FINGERS

6) HYPERLIPIDEMIA

P: 1) CONT. CARDURA 2mg @ H.S.

2) REFERRAL WRITTEN FOR WNL UROLOGY

3) I/M TO RTC ON TUESDAY FOR LAB

- FASTING CMP/LIPIDS/LFT'S

- PT/INR

- HCV VIRAL LOAD

- 24 HR URINE FOR PROTEIN & CREAT. CL

- CRYOGLOBULIN, QUANTITATIVE & QUANT. REFLUX

N. Williams M.D.

Doris M. Williams, M.D.
Clinical Director

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
9/2/04 1500	Admin Note: Rt KTC from Dr. S. Lusche & Sp Hadder to IVP, OR notes; circulation to follow. Assessment: 1) Chronic prostatitis 2) BPH - mild 3) Hematuria & proteinuria Plan: Rx 1) Tylenol #3 $\dot{\bar{t}}$ po Q630, 1130 & 1930 prn #15 ⁹ 2) Doxycycline 100mg $\dot{\bar{t}}$ po q 12h $\dot{\bar{t}}$ 9 AM & 9 PM before meals. #60 PRN 3) Cardura 0.2mg $\dot{\bar{t}}$ po q 12h BPH #30 $\dot{\bar{t}}$ 8 PM 4) No F/a indicated at this time. ENTERED Beth Lichty, P.A.-C D. Williams, M.D. Clinical Director 9-16-04
	Ord. Date HILL, MICHAEL W M. LICHTY 09/03/04 40428-133 (0) Refills Exp. Date TAKE ONE TABLET BY MOUTH AT 09/03/04 0630, 1130, & 1930 PILL LINES AS NEEDED Rx # 600258 ACETAMINOPHEN/CODEINE 300/30 MG TAB #9
	Ord. Date HILL, MICHAEL W M. LICHTY 09/03/04 40428-133 (0) Refills Exp. Date TAKE ONE TABLET BY MOUTH TWICE 10/07/04 DAILY BEFORE MEALS Rx # 21041 DOXYCYCLINE 100 MG TAB #60
	Ord. Date HILL, MICHAEL W M. LICHTY 09/03/04 40428-133 (2) Refills Exp. Date TAKE ONE TABLET BY MOUTH EACH 12/01/04 EVENING FOR BPH Rx # 21042 DOXAZOCIN 2MG TAB #30

ent's Identification

Hill, Michael
40428-133

4/30/57

Records Maintained At: FCI, GILMER	
Patient's Name (Last, First, Middle Initial): SENSITIVE	
Relationship to Sponsor	Status
Sponsor's Name	Organization
Dept/Service	SSN Identification No
Date Of Birth	

AUTHORIZED FOR LOCAL REPRODUCTION

HILL

40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

J 7540-634-4176

1th Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
9/9/04 1630	<p><i>Admin Note:</i> It R/C from Fuc Dr. Gruspe, MD state chronic prostatitis, BPH, hematuria & proteinuria. Plan: 1) Conservative treatment 2) letter to be sent to Dr. Williams 3) Discharged. R/C pm. D. Williams, M.D. Clinical Director 9-10-04</p> <p style="text-align: right;">Beth Lichty, P.A.-C.</p>
10/1/04 1700	<p>UTILIZATION REVIEW</p> <p>APPROVED <i>for medical</i></p> <p>Janet Buntz Health Services Administrator</p>

nt's Identification

Hill, Michael
 40428-133

Records Maintained At:	FCI GILMER		
Patient's Name (Last, First, Middle Initial)	<div style="text-align: center;"> SENSITIVE** LIMITED OFFICIAL USE </div>		
Relationship to Sponsor	Status	Rank/Grade MALE	
Sponsor's Name	Organization		
Dept/Service	SSN/Identification No	Date Of Birth	